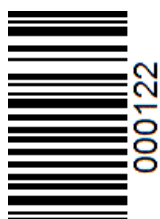


TOP UPS INTO IRISH LIFE COMPANY PENSION SCHEME



Before you give us your personal information it is important that you know what your data protection rights are and how and why we use your personal information. This is set out in the Irish Life Data Privacy Notice which is always available on our website at <https://www.irishlife.ie> or you can ask us for a copy.

Please read the Sections carefully before completing them and use BLOCK CAPITALS.

If any section is blank or illegible, this may result in a delay in processing your request.

This form must be completed for top ups into an existing Irish Life company pension schemes

1. Financial Adviser Details

Financial Adviser Name

Financial Adviser Code

Profile Number Regular Contribution

Profile Number Single Contribution

2. Plan Details

Member Name

Plan number

Current Employer Name

3. Top Up Details

Regular Contributions

Top up by

New Contribution

Employer Contribution € per

AVC Contribution € per

Employee Contribution € per

Please Note:
Regular contributions will be deducted as per existing regular contributions.

On what date is the regular contribution increase to start

Single Contributions

Employer Contribution €

AVC Contribution €

Note:
Payment must be made by cheque from the Company's account. If there are any exceptions to this please contact us.

Please include a recent payslip or P60 as proof of salary

4. Receiving Scheme Details (current employment) for Company Pensions, AVCs & PRSA AVCs

- a. Current annual Schedule E salary €
- b. Current employer contributions to other pensions for this employment € a year
- c. Current employee contributions as well as any AVC or PRSA AVC contributions to other pensions for this employment € a year
- d. Current value of other company pensions, AVC schemes or PRSA AVCs for this employment €

5. Pensions from other employments

- a. Current value of other pensions from previous periods of employment and / or self-employment €

If you need more space or if the member has retirement benefits they have already received or a defined benefit scheme please provide details in the text box below or on a separate sheet.

6. Fund choice

- a. I wish to invest all contributions (both existing and top up amount outlined above) in my existing fund(s) choice ☐

Or

- b. I wish to invest my top up amount only as follows

Regular Contributions

| | | | |
|----------------------|------------------------|----------------------|------------------------|
| <input type="text"/> | <input type="text"/> % | <input type="text"/> | <input type="text"/> % |
| <input type="text"/> | <input type="text"/> % | <input type="text"/> | <input type="text"/> % |
| <input type="text"/> | <input type="text"/> % | <input type="text"/> | <input type="text"/> % |

Or

- c. Other investment choice as detailed in the box below

| | | | |
|----------------------|------------------------|----------------------|------------------------|
| <input type="text"/> | <input type="text"/> % | <input type="text"/> | <input type="text"/> % |
| <input type="text"/> | <input type="text"/> % | <input type="text"/> | <input type="text"/> % |

Single Contributions

| | | | |
|----------------------|------------------------|----------------------|------------------------|
| <input type="text"/> | <input type="text"/> % | <input type="text"/> | <input type="text"/> % |
| <input type="text"/> | <input type="text"/> % | <input type="text"/> | <input type="text"/> % |
| <input type="text"/> | <input type="text"/> % | <input type="text"/> | <input type="text"/> % |

- the Trustee Declaration (where the employer acts as trustee); or
- the Member and Employer Declarations (where ITS or DTS act as a trustee)

- I declare that all the answers to all the questions in this application form are in every respect true and correct.
- Where the scheme rules allow the member to make the investment decision, I acknowledge that I as trustee am responsible for ensuring that the employee (member) has been/will be provided with all information required by relevant pensions legislation and all information necessary to enable him/her to exercise any discretion allowed.

(in BLOCK CAPITAL letters)

- I declare that all the answers to the questions in sections 5 and 6 of this application form are in every respect true and correct.
- I declare that I have been provided with the necessary information to make an informed investment decision. I am happy with the investment choice made on this application form (or supplied through any additional documents linked to this application).

| | | | | | | | | |
|--|--|---|--|--|---|--|--|--|
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| | | / | | | / | | | |
|--|--|---|--|--|---|--|--|--|

(in BLOCK CAPITAL letters)

